


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000013004	
1. Entity Name THE FOUNTAINS OF LARGO CONDOMINIUM ASSOCIATION INC.	

Principal Place of Business 13125 VONN ROAD LARGO, FL 33774 US	Mailing Address 13125 VONN ROAD LARGO, FL 33774 US
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01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0991146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
RICE, GREGORY T 13125 VONN ROAD LARGO, FL 33774	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000841806 03/11/08-80002-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE DP	RICE, GREGORY T 13125 VONN ROAD LARGO, FL 33774
TITLE DVP	CORATOLA, PETER 13125 VONN ROAD LARGO, FL 33774
TITLE DST	POE, JOHN 13125 VONN ROAD LARGO, FL 33774
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MANAGER** **2/21/08** **937 461 3290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #